

GP3626

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/845,046 Confirmation No.: 1454
Applicant : David M. Cobb
Filing Date : 04/26/2001
Title : SYSTEMS AND METHODS FOR TRACKING ADMINISTRATION OF MEDICAL PRODUCTS
Group Art Unit : 3626
Examiner : Lena Najarian
Docket No. : 706737.48 (formerly PET-01C)
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated September 15, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: October 17, 2005

Karen Johnson

Applicant : David M. Cobb
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Examiner : Lerna Majarian
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☒ If an additional extension of time is required, please consider this a petition therefor.

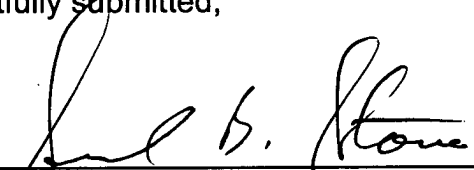
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	10	-	35	=	0	x	\$50.00	\$0.00
Independent Claims	<u>2</u>	-	4	=	0	x	\$200.00	\$0.00
Application Size Fee (<small>\$250 for each additional 50 sheets or fraction thereof</small>)	23	-	100	=	0	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
TOTAL FEES SUBMITTED HERewith								\$t.00

Respectfully submitted,

Dated: October 17, 2005

By: 
Samuel B. Stone
Reg. No. 19,297

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Customer Number: 34313



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RESPONSE TO OFFICE ACTION

In response to the Office Action dated September 15, 2005, please amend the above-identified application as follows:

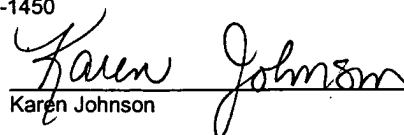
Amendments to the claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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Karen Johnson